

PART B - FEE(S) TRANSMITTAL

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7590 07/13/2006

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07/28/2006 WABDELR3 00000024 10695556

01 FC:1501	1400.00 OP
02 FC:1504	300.00 OP
APPLN. TYPE	FILING DATE

10/695,556 10/28/2003

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

William J. Reilly 26549 USA 9167

TITLE OF INVENTION: MODULAR MULTI-FUNCTION FLUID FLOW CONTROL DEVICE

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Dawn M. Larsen	(Depositor's name)
<i>Dawn M. Larsen</i>	(Signature)
July 25, 2006	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/13/2006
EXAMINER		ART UNIT			CLASS-SUBCLASS	
CHAMBERS, A MICHAEL		3753			137-549000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Synnestvedt & Lechner
LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Victaulic Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Easton, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies (10)

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 The Director is hereby authorized to charge the required fee, any deficiency, or credit any overpayment, to Deposit Account Number 19-5425 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 25, 2006

Typed or printed name John A. Chionchio

Registration No. 40,954

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